

LAUDERDALE COUNTY DETENTION FACILITY
2001 5th STREET
MERIDIAN, MS 39301

REASONABLE SUSPICION ASSESSMENT FORM
(For authorization in strip searches of traffic and misdemeanor arrestees)

Name of Arrestee

Date

Name of Corrections Officer

Identify specific factors which establish reasonable suspicion that the arrestee possesses a weapon, evidence of a crime, controlled substances, or other contraband, or is a threat to himself or the safety of others. Check **all** that apply:

- _____ a. The appearance, demeanor and conduct of the arrestee
- _____ b. The nature of the criminal charges pending against the arrestee
- _____ c. The arrestee's prior arrest record, if known
- _____ d. Discoveries from prior arrests and/or prior searches of arrestee, if known
- _____ e. The arrestee is on felony probation or parole
- _____ f. Arrestee's conduct during arrest and booking
- _____ g. The discovery of contraband or weapons during the pat search
- _____ h. Arrestee's known history of, or any current, suicide attempts or threats made to arresting or booking officials
- _____ i. A magnetometer search indicates the presence of metal that cannot be discovered via the pat search
- _____ j. Suspicion or concern that the arrestee is attempting to conceal an injury
- _____ k. The inmate was combative during intake and reasonable force was necessary
- _____ l. Any other reasonable suspicion based upon specific circumstances that leads the Corrections Officer to suspect that the arrestee is concealing weapons, evidence of a specific crime, controlled substances or other contraband. **Please describe:**

Corrections Officer's Signature: _____ Date: _____

Approved by: (Shift Supervisor/ Sgt): _____ Time: _____

Date _____

I wish to report the following grievance (if making a request, stop here and complete the section below), which occurred at _____ (time) at _____ (location).

If reporting a grievance, please give a full description. Be certain to include names of all persons involved, either as participants or as witnesses. If a person named is neither an inmate nor a jail employee, give that person's address and phone number. If making a request, briefly describe the request in the space below. Consult your handbook for guidance on grievances/requests.

Comments from staff concerning this grievance/ request:

Complete and forward to the Shift Commander. Additional sheets available if necessary.

Inmate's Signature: _____

Report received by officer: _____

Date received: _____